

## **Table of Contents**

**State/Territory Name: District of Columbia**

**State Plan Amendment (SPA) #: 23-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



May 11, 2023

Melisa Byrd  
Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street, N.W., 9<sup>th</sup> Floor, South  
Washington, DC 20001

Re: District of Columbia State Plan Amendment (SPA) 23-0004

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0004. This amendment proposes to temporarily extend 1915(i) housing support services, direct support worker supplemental payments, and 1915(i) Adult Day Health Program flexibilities originally approved in Disaster Relief SPAs 20-0001, 23-0001, and 23-0003 with modifications to add additional protections for participants receiving telehealth services.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that the District of Columbia's Medicaid SPA Transmittal Number 23-0004 is approved effective May 12, 2023.

If you have any questions, please contact Dan Belnap at (215) 861-4273 or via email at [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov).

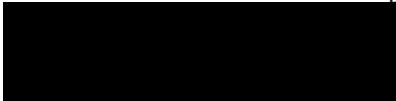
Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.05.11  
08:25:05 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>DC-23-0004</b>	2. STATE: <b>District of Columbia</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>May 12, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION:  Title XIX of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2022 \$0 b. FFY 2023 \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 7.5.C, p1-6		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New	
9. SUBJECT OF AMENDMENT:  Temporary extension of 1915(i) Housing Supportive Services, ARPA direct support worker supplemental payments, and 1915(i) Adult Day Health Program disaster relief flexibilities.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<b>D.C. Act: <u>22-434</u></b>	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. AGENCY OFFICIAL 		15. RETURN TO  Melisa Byrd Senior Deputy Director and Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001	
12. TYPED NAME <b>Melisa Byrd</b>			
13. TITLE <b>Senior Deputy Director and Medicaid Director</b>			
14. DATE SUBMITTED April 27, 2023			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED April 27, 2023		17. DATE APPROVED May 11, 2023	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023		19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy Date: 2023.05.11 08:25:24 -04 00</small>	
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy, on Behalf of Anne Marie Costello		21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services	
22. REMARKS			

State: District of Columbia

## Section 7 – General Provisions

### 7.5.C Temporary Extension to the Medicaid Disaster Relief for the COVID-19 National Emergency

*Effective May 12, 2023, until May 11, 2024, the agency temporarily extends the following elections (approved in SPAs DC-23-0001 and DC-23-0003) of the state plan:*

#### Section D – Benefits

*Benefits:*

X \_\_\_ The agency makes the following adjustments to benefits currently covered in the state plan:

To address workforce issues created by the COVID-19 public health emergency, the District modifies the criteria for professionals to serve as case manager supervisors under the Housing Supportive Services 1915(i) benefit as established in DC-21-0015. The District proposes to modify the criteria for case manager supervisors as described below:

Each HSS agency shall meet the following criteria:

- (1) Enrolled as an HSS agency and maintain an approved, current Medicaid Provider Agreement;
- (2) Registered as a company in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA) and appropriately incorporated; and
- (3) The individuals providing services for the agency shall meet all training requirements set by DHS and the following criteria:
  - a. Case manager supervisor:
    - A minimum of two (2) years of experience providing supportive services to individuals experiencing homelessness or related populations and certification as a Licensed Independent Clinical Social Worker (LICSW) or Licensed Professional Counselor (LPC); or
    - A minimum of four (4) years of experience providing supportive services to individuals experiencing homelessness or related populations and certification as a Licensed Marriage and Family Therapist (LMFT) or hold a master’s degree in human services or a related field; or
    - A minimum of ten (10) years of experience providing services to individuals experiencing homelessness or related populations including a minimum of two (2) years of supervisory experience and a bachelor’s degree.
    - A Licensed Graduate Social Worker (LGSW) may substitute a LICSW or LPC if participant capacity requires more than one (1) case manager supervisor and at least one (1) LICSW, that is qualified to supervise or mentor the LGSW, is employed by the HSS agency.

TN: DC-23-0004

Supersedes TN: N/A

Approval Date: **05/11/2023**

Effective Date: 05/12/2023

State: District of Columbia

1.  The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
2.  Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
  - a.  The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
  - b.  Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

Other:

1.  Other payment changes:

**ARPA 9817 Direct Care Worker Supplemental Payment**

(a) DHCF will make supplemental payments to strengthen the direct service workforce and to increase the pay of direct support professionals who are likely to be paid at or near the minimum/living wage for delivering the following State Plan services:

- 1905(a) Home Health Agency – Personal Care Aides; Home Health Aides
- 1915(i) Adult Day Health Providers – Personal Care Aides employed as Direct Care Support staff
- 1905(a) Rehabilitation: Behavioral Health (e.g. Mental Health Rehabilitation Services; Adult Substance Use Rehabilitation Services) – Certified Peer Specialists
- 1915(i) Supported Employment Providers - Certified Peer Specialists

Supplemental payments will be disbursed to provider agencies in annual, lump sum allotments.

(b) To qualify for a supplemental payment, a provider agency must submit cost and employment data (e.g., a schedule of direct support professionals, their wages paid, hours worked, hire dates, and vacancy rates), at the request of the District, and must demonstrate that supplemental allotments are used (in their entirety) to pay direct support professional staff a benchmark wage rate, set above the District of Columbia's living/minimum wage rate.

(c) Eligible Medicaid State Plan service providers will receive an annual supplemental payment that takes into account the increased costs associated with paying Medicaid direct care workers, for provision of HCBS services to Medicaid beneficiaries, at a rate that is 10% above the effective

TN: DC-23-0004

Supersedes TN: N/A

Approval Date: **05/11/2023**

Effective Date: 05/12/2023

State: District of Columbia

DC Living Wage rate. To determine this payment, DHCF will project the CY 2023 Medicaid-related expenditures for salary, wages, fringe benefits, and administration associated with paying their direct care workforce at 10% above the target wage rate, based on the current rate methodology applicable to the eligible Medicaid service provider .

(d) Eligible provider agencies retain 100% of the total computable expenditure claims by the District to CMS. The District may recoup supplemental payments from provider agencies which fail to submit the required cost data or pay direct supports professionals an average wage below the benchmark wage rate. The federal share for any recouped payments is returned through an adjustment to the CMS 64 Report.

## Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan/Additional Information

### 1915(i) Housing Supportive Services

#### Process for Performing Evaluation/Reevaluation

DC's Coordinated Entry Process, known as Coordinated Assessment and Housing Placement (CAHP), shall be used to complete the independent evaluation of an individual's eligibility for HSS. This process begins with homeless service agency outreach and shelter workers (workers) engaging individuals who are either experiencing homelessness or at risk of homelessness. These workers use the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to interview and assess the needs of the individual. DHS staff performs the independent evaluation of eligibility by reviewing the results of the assessment, as well as additional information obtained from the individual and/or their current service providers (this includes clinical documentation of the individual's disability), to determine whether the individual has a need for assistance getting or maintaining house because of their disabilities or functional impairments and is eligible for the 1915(i) benefit. After the evaluation and determination of eligibility is complete, DHS notifies the individual if they meet the HSS eligibility criteria. If any individual is found not to meet the eligibility criteria, the individual has the right to request a reconsideration and/or fair hearing.

The reevaluation process is conducted every 12 months. **The individual's HSS provider will complete the HSS Biopsychosocial Reassessment, which is a standardized tool in DC's web-based case note platform, Housing the Homelessness. (HTH). DHS staff performs the independent evaluation of eligibility by reviewing the results of the HSS Biopsychosocial Reassessment, as well as additional information obtained from the individual and/or their current service providers (this includes clinical documentation of the individual's disability), to determine whether the individual has a continued need for assistance getting or maintaining house because of their disabilities or functional impairments and is eligible for the 1915(i) benefit.**

**If a participant is determined no longer ineligible for this 1915(i) benefit or will experience a reduction in amount, duration or scope of services as a result of using the HSS Biopsychosocial Reassessment, DHS will re-assess the participant using the VI-SPADT.**

State: District of Columbia

***Effective May 12, 2023, until November 11, 2023, the agency temporarily extends the following elections (approved in SPA DC-20-0001) of the state plan:***

#### **Section D – Benefits**

*Benefits:*

X \_\_\_ The agency makes the following adjustments to benefits currently covered in the state plan:

##### **1915(i): Adult Day Health Program Services:**

Temporarily expand 1915(i) HCBS Adult Day Health Program (AHDP) services to include wellness checks provided via video conferencing/other electronic modality (e.g., Skype, FaceTime) or telephone in accordance with HIPAA requirements. A qualifying wellness check includes inquiries/reminders on the following:

- Overall health status, including emotional well-being, need for care, and any signs or symptoms of illness
- Meals, routines, and medication adherence
- Social isolation and self-quarantine, including the availability/use of informal supports and access to groceries or emergency supplies

ADHPs shall document all wellness checks in the District’s case management system, DC Care Connect. Reimbursement is not available for wellness checks provided simultaneously while a supervisory nurse is present with the beneficiary or the beneficiary is receiving similar services from another Medicaid provider.

Temporarily expand 1915(i) HCBS Adult Day Health Program Services to include the following services, when delivered via video conferencing/other electronic modality (e.g., Skype, FaceTime) or telephone, in accordance with HIPAA requirements:

- Remote therapeutic activities, not to exceed fifty percent (50%) of the time the beneficiary receives therapeutic activity services, conducted individually or in groups by a licensed therapist
- Remote nursing services, not to exceed fifty percent (50%) of the time the person receives services, conducted individually by a licensed nurse

The District provides assurance that:

- The methodology for telehealth delivery of 1915(i) services is accepted by the District’s HIPAA compliance officer.
- 1915(i) services provided via telehealth or remote services are limited to those services that can be successfully rendered when the provider is not co-located with the beneficiary receiving the service.
- Video cameras/monitors are prohibited from being used or placed in a participant’s bedroom or bathroom.

TN: DC-23-0004  
Supersedes TN: N/A

Approval Date: **05/11/2023**  
Effective Date: 05/12/2023

State: District of Columbia

- The remote delivery of 1915(i) services will facilitate community integration by not isolating the person from the community or interacting with people without disabilities by enabling the person to be more independent and less reliant on staff to be physically present to receive support. The ISP must include a justification statement that explains how services delivered remotely promotes independence. Remote supports will foster independence by combining technology and service delivery to allow contact with trained staff when the person needs assistance.

Initial and ongoing training, support, and assistance using the technology necessary for the delivery of services will be delivered to participants by service providers. If it is determined that telehealth/remote supports are not suitable for the beneficiary and in-person assistance is required, virtual support may not be provided. To ensure that telehealth services are delivered in a way that respects privacy of the beneficiary, video cameras/monitors are permitted only in common areas. Video cameras or monitors will not be installed in the bathrooms or bedrooms and will not be used for assistance with basic ADLS such as dressing or personal hygiene.

Temporarily expand 1915(i) HCBS Adult Day Health Program Services to include delivery of meals that are already included in the currently approved service definition, when delivered at the beneficiary's permanent or temporary residence:

- Meal or food delivery to the beneficiary's permanent or temporary residence

The District assures that meals provided as part of these services shall not constitute a full nutritional regimen (no more than 2 meals a day).

3.   X   The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
4.   X   Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
  - c.   X   The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
  - d.        Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

## Section E – Payments

*Payment for services delivered via telehealth:*

1.   X   The state authorizes payments for telehealth services that:
  - a.        Are not otherwise paid under the Medicaid state plan;

TN: DC-23-0004  
Supersedes TN:   N/A  

Approval Date: **05/11/2023**  
Effective Date: 05/12/2023



State: District of Columbia

- b.   X   Differ from payments for the same services when provided face to face;

**1915(i): Adult Day Health Program Services:**

Temporarily allow payments equal to 75% of the fee-for-service per diem rate to Adult Day Health Programs (ADHPs) for wellness checks provided via video conferencing/other electronic modality (e.g., Skype, FaceTime) or telephone, in accordance with HIPAA requirements. A qualifying wellness check includes inquiries/reminders on the following:

- Overall health status, including emotional well-being, need for care, and any signs or symptoms of illness
- Meals, routines, and medication adherence
- Social isolation and self-quarantine, including the availability/use of informal supports and access to groceries or emergency supplies

ADHPs shall document all wellness checks in the District's case management system, DC Care Connect. Reimbursement is not available for wellness checks provided simultaneously while a supervisory nurse is present with the beneficiary or the beneficiary is receiving similar services from another Medicaid provider.

Temporarily allow payments equal to 100% of the FFS per diem rate to Adult Day Health Program providers who 1) conduct a wellness check; and 2) Provide one of the following services in the same day:

- Remote therapeutic activities conducted individually or in groups by a licensed therapist in accordance with HIPAA requirements
- Remote nursing services conducted individually by a licensed nurse in accordance with HIPAA requirements
- Meal or food delivery to the beneficiary's permanent or temporary residence